

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	G.W.	67094	1/30/99
O.I.P.E. CLASSIFIER		3.	2/4/99
FORMALITY REVIEW	<i>[Signature]</i>	88518	8/12/99

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	5/8/02
2	10/8/02
3	2/19/03
4	7/11/03
5	8/20/03
6	8/18/04
7	7/19/04
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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